



Deferred Salary Leave Plan (DSLPL) Request for Suspension

Name _____ SIN: _____
(please print) Surname Given Name

Department: _____ Employee No: A _____

The Participant may on one (1) occasion while they are participating in the Plan, give one (1) months written notice to the University that they wish to suspend participation in the Plan for a period of up to twelve (12) months. Following such notice, the University shall pay the Participant their Nominal salary as if they were not participating in the Plan for the requested period. The balance of the Participant Account will be held by the University until the Participant withdraws from the Plan or begins the Leave Period.